

## STATEMENT OF MILITARY RESERVE OBLIGATIONS

Please provide the requested information below. If your Uniform Status changes, an updated form should be submitted. Submit the completed form to the Human Resources Division, Employee Services Section, Benefits Unit, Attn: Military Program Manager.

Name (First, Middle, Last): \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Office of Assignment: \_\_\_\_\_

CHECK appropriate box below for Uniform Status:

- ☐ 0 None
- ☐ 1 Ready Reserve
- ☐ 2 Standby Reserves
- ☐ 3 National Guard
- ☐ 4 Retired Military – Regular\*\* Retirement Date \_\_\_\_\_
- ☐ 5 Retired Military – Non-Regular\*\* Retirement Date \_\_\_\_\_
- ☐ 6 Retired Military – Regular and Reserve/National Guard
- ☐ 7 Retired Military – Non-Regular and Reserve/National Guard
- ☐ 8 Retired Military and D.C. National Guard
- ☐ 9 D.C. National Guard

\*\* A retirement date must be entered when Uniform Status is code 4 or 5.

- ☐ I am not presently a member of the Reserves (in any status) or National Guard.
- ☐ I am presently serving on Active Duty in the Armed Forces and will have a Reserve obligation upon my release from Active Duty. Rank/Pay Grade/Uniformed Service/Military Department in which presently serving: \_\_\_\_\_ (e.g., Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Services)
- ☐ I am presently serving on Active Duty in the Armed Forces and will **NOT** have a Reserve obligation upon my release from Active Duty. Rank/Pay Grade/Uniformed Service/Military Department in which presently serving: \_\_\_\_\_ (e.g., Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Services)
- ☐ I am presently in the Ready Reserve (includes Selected Reserve) and affiliated with the following Military Reserve or National Guard unit:  
Rank/Pay Grade/Full Unit Designation: \_\_\_\_\_ (e.g., "Virginia Air National Guard, 192D Mission Support Fleet")
- Commanding Officer: \_\_\_\_\_
- Unit Contact Telephone Number: \_\_\_\_\_
- ☐ I am presently a member of the Individual Ready Reserve (IRR) and am **NOT** affiliated with a Reserve or National Guard Unit.  
Rank/Pay Grade/Uniformed Service, Military Department: \_\_\_\_\_  
(e.g., Army, Navy, Air Force, Marine Corps, Coast Guard, Inactive National Guard, Public Health Service)
- ☐ I am presently assigned to the Standby Reserve (includes Active and Inactive Status)  
Rank/Pay Grade/Uniformed Service, Military Department of your Reserve Unit: \_\_\_\_\_  
(e.g., Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service)
- ☐ I am presently assigned to the Retired Reserve  
Rank/Pay Grade/Uniformed Service, Military Department of your Reserve Unit: \_\_\_\_\_  
(e.g., Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

**Privacy Act Statement:** The collection of information on this form is authorized by 5 U.S.C. § 301, 28 U.S.C. §§ 533-534, and 38 U.S.C. §§ 4301-4333, as implemented by 5 C.F.R. Part 353. Your Social Security Number is solicited as authorized by E.O. 9397 (Nov. 30, 1943), as amended by E.O. 13478 (Nov. 18, 2008). The FBI requires information on employee and applicant Military Reserve obligations and affiliations in order to follow Federal law and regulations regarding Reserve membership and activities. Completion of this form is voluntary; however, your failure to supply some or all of the information requested on this form may hinder or prevent FBI action appropriate to your status as a member of the Military Reserve. The information you provide will be maintained in the *FBI Central Records System*, Justice/FBI-002, the description of which can be found at <https://www.govinfo.gov/content/pkg/FR-1998-02-20/pdf/98-4206.pdf>. The information provided may be used in accordance with the routine uses referenced in those notices or as otherwise authorized by law.